



ROCHESTER

Minnesota

FIRST CLASS CITY • FIRST CLASS SERVICE



ETHICS ORDINANCE DISCLOSURE FORM

JUDY SCHERR, CMC
City Clerk
201 4th Street SE, Room 135
Rochester, MN 55904-3742
(507) 328-2900
FAX #(507) 328-2901

NAME: Joc Williams
ADDRESS: 1416 City View Ct NE
CITY, STATE, ZIP CODE Roch, Mn 55901

1. What is the name of your position, title or job title with the municipality or City?

Quorum Board Member

2. Is this an employed, appointed, or elected position?

3. What is the name of the City department in which you are employed, or City board, commission or elected body on which you serve?

Planning Board

4. When were you hired, appointed or elected to this position?

For questions 5, 6 and 7, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood, marriage or other personal relationships or close business or political association. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

Ethics Ordinance
Disclosure Form
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5. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary.

7605 11th AVE SW
4150 HWY 52 N
430 18th AVE SW
1319 CASCADE ST NW
1415 16th ST SW
323 6th AVE NW
5589 FAIRWAY DR
205 5th ST AVE SW 303

6. Please list any interests you have in a business doing business with the City.

NONE

7. Please list any interest you have in any business located within, or doing business in, the City. 4150 HWY 52 N

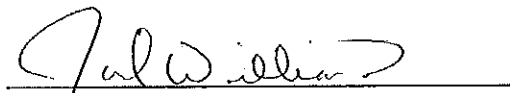
8. List any and all employment.

DENARO MOTORS INC

9. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

NONE

I hereby certify that the above information is complete and accurate.


Signature
2/7/14
Date

Please mail completed and signed form to:
Judy Scherr, CMC, City Clerk, City Hall, 201 4th Street SE, Room 135
Rochester, MN 55904-3742
05-16-13